

# Prescription Drug List



This “formulary,” or “drug list,” is a summary of the most commonly prescribed drugs that your insurance plan covers.

**PRO TIP:** If you log in to your member account, you can use our drug search tool to view all the drugs your plan covers and see the costs of different medications.

## Drug Costs

Your formulary is divided into tiers. In most cases, drugs on lower tiers will cost you less. Additionally, there are preventive medications, that vary by age and gender (e.g., contraception for women or fluoride tablets for children), that may be available to you at no-out-of-pocket cost.

Some maintenance medications that you use regularly for chronic conditions such as asthma or diabetes may have additional coverage that makes them less expensive for you. However, coverage varies by plan and the cost-sharing amounts you pay for different drug tiers or categories of medications are shown on your Member Payment Summary (MPS) or our online search tool.

You can also call Pharmacy Services to find out how much a drug costs, whether it is covered by your insurance, and whether preauthorization or other steps are required for coverage. Select Health members call **800-538-5038**, Scripius members call **800-442-3127**.

## This Formulary is Regularly Updated

The contents of the formulary are reviewed each month by our team of doctors and pharmacists. This team reviews and evaluates the clinical efficacy, safety, and cost effectiveness of all medications and may remove drugs from, or add drugs to, this list. Please note that the inclusion of a drug in the formulary does not guarantee that a healthcare provider will prescribe that drug for you.

## Noncovered Drug Exceptions

For drugs that are not covered, you, your physician, or your pharmacy may request coverage based on medical necessity. Requests are granted on a case-by-case basis. Use the Drug Coverage Exception Form found on our website.

## LEGEND

### (PA) Preauthorization

Coverage of drugs is based on medical necessity. For certain drugs, you will need preauthorization from us; otherwise, you will be responsible to pay the drug's full retail price.

### (M) Maintenance Drug

These drugs may allow you to get a 90-day supply, for your convenience.

### (ST) Step Therapy

Drugs that require step therapy are covered only after you have tried an alternative therapy and it didn't work (i.e., the drug didn't alleviate your symptoms or caused adverse reactions). Step therapy most often applies to brand-name drugs.

### (QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., opioids). Preauthorization is required if the medication exceeds the plan limits.

### (AGE) Age Limit

A minimum or maximum age limit requirement must be met for coverage.

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This information is available for free in other languages and alternate formats by contacting:

Scripius: **800-442-3127** / Select Health: **800-538-5038**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電

Effective as of: 1/1/2024

Drug Name	Drug Tier	Requirements & Limits
<b>ACNE</b>		
Amnesteem Capsule	2	
Azelaic Acid Gel	1	
Claravis Capsule	2	
Erythromycin	1	(AGE)
Isotretinoin Capsule	2	
Ivermectin	2	(PA)(ST)(QL)
Metronidazol	1	(QL)
Myorisan Capsule	2	
Rosadan	1	(QL)
Sod Sul/Sulf	1	
Sod Sulf/Sul Liq	1	
Sulfac Sulfr Pad	1	
Tretinoin	2	(QL)(AGE)
Zenatane Capsule	2	
<b>ADRENAL STEROID INHIBITORS</b>		
<b>Isturisa Tablet</b>	4	(PA)(QL)(M)
<b>ANALEPTICS</b>		
Caffeine Cit Solution	1	(QL)
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<b>Auvi-Q Injectable</b>	2	(QL)
Epinephrine Injectable	1	(QL)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT</b>		
Disulfiram Tablet	1	
<b>ANTIARRHYTHMICS</b>		
Mexiletine Capsule	1	(M)
<b>ANTIBIOTICS</b>		
Amox-Pot Cla Tablet	1	
Amox/K Clav	1	
Amoxicillin	1	
Ampicillin Capsule	1	
<b>Arikayce Suspension</b>	4	(PA)(QL)(M)
Azithromycin	1	(QL)
Cefadroxil Capsule	1	
Cefdinir	1	
Cefpodoxime Tablet	1	
Cefuroxime Tablet	1	
Cephalexin	1	
Ciprofloxacin	1	
Clarithromyc Tablet	1	
<b>Cleocin Sup</b>	3	
Clindamycin	1	
Doxycycl Hyc	1	
Doxycycline	1	(QL)
Levofloxacin	1	

Drug Name	Drug Tier	Requirements & Limits
Linezolid Tablet	1	(QL)
Lymepak Tablet	1	
Methenam Hip Tablet	1	
Minocycline Capsule	1	
Morgidox Capsule	1	
Moxifloxacin	1	
Neomycin Tablet	1	
Nitrofur Mac Capsule	1	
Nitrofurantn	1	(AGE)
Nitrofuranto Suspension	2	(AGE)
Ofloxacin	1	
Penicilln Vk	1	
Smz-Tmp Ds	1	
Tinidazole Tablet	1	
Trimethoprim	1	
Vancomycin Capsule	2	(QL)
<b>ANTIFUNGALS</b>		
Ciclodan Solution	1	(QL)
Ciclopirox	1	(QL)
Clotrim/Beta Cream	1	
Clotrimazole Cream	1	
<b>Cresemba Capsule</b>	4	(PA)(QL)(M)
Fluconazole	1	(QL)
Griseofulvin	1	
Ketoconazole	1	
Nyamyc Powder	1	(QL)
Nystat/Triam	1	
Nystatin	1	(QL)
Nystop Powder	1	(QL)
Posaconazole Tablet	4	(PA)(M)
Terbinafine Tablet	1	(QL)
<b>ANTHELMINTICS</b>		
Albendazole Tablet	1	(PA)(M)
<b>ANTIMALARIALS</b>		
Chloroquine Tablet	1	(M)
Hydroxychlor	1	(M)
Mefloquine Tablet	1	(PA)(M)
Primaquine Tablet	1	(M)
<b>ANTIMYASTHENIC AGENTS</b>		
Pyridostigmi Tablet	2	(QL)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Ethambutol Tablet	1	
Pyrazinamide Tablet	1	
Rifabutin Capsule	3	
Rifampin Capsule	1	

Drug Name	Drug Tier	Requirements & Limits
<b>ANTIPARKINSON ADJUVANTS</b>		
Carbidopa Tablet	2	(M)
<b>ANTIPARKINSON COMT INHIBITORS</b>		
Entacapone Tablet	1	(M)
Tolcapone Tablet	1	(PA)(QL)(M)
<b>ANTIPROTOZOAL AGENTS</b>		
<b>Alinia Suspension</b>	3	(QL)
Nitazoxanide Tablet	4	(QL)
<b>ANTISEBORRHEIC PRODUCTS</b>		
Sodium Sulfa Liq	1	
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	1	(M)
<b>ANTIVIRALS</b>		
Abaca/Lamivu Tablet	1	(QL)(M)
Abacavir	1	(QL)(M)
Acyclovir	1	
<b>Biktarvy Tablet</b>	4	(QL)(M)
<b>Descovy Tablet</b>	4	(PA)(QL)(M)
<b>Dovato Tablet</b>	4	(QL)(M)
Emtr/Ten Df Tablet	1	(QL)(M)
Emtr/Tenofovir Tablet	1	(QL)(M)
Famciclovir Tablet	1	
<b>Isentress Chw</b>	4	(QL)(M)
<b>Juluca Tablet</b>	4	(QL)(M)
Nevirapine Suspension	1	(QL)(M)
<b>Paxlovid Tablet</b>	4	(QL)(M)
<b>Prezcobix Tablet</b>	4	(QL)(M)
<b>Reyataz Powder</b>	4	(M)
<b>Sunlenca Injectable</b>	4	(QL)(M)
<b>Triumeq Tablet</b>	4	(QL)(M)
<b>Tybost Tablet</b>	4	(QL)(M)
Valacyclovir Tablet	1	(QL)
Valganciclovir Tablet	4	(QL)(M)
<b>ANXIETY &amp; SLEEP</b>		
Alprazolam Tablet	1	(QL)
Bupropion Tablet	1	(M)
Chlordiazepem Capsule	1	
Clorazepate Tablet	1	(QL)
Diazepam	1	
Estazolam Tablet	1	(QL)
Eszopiclone Tablet	1	(QL)
Flurazepam Capsule	1	(ST)(QL)
Hydroxyzine	1	
Lorazepam Tablet	1	
Tasimelteon Capsule	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Temazepam Capsule	1	(QL)
Triazolam Tablet	1	(QL)
Zaleplon Capsule	1	(QL)
Zolpidem Tablet	1	(QL)
Zolpidem Er Tablet	1	(QL)
<b>ASTHMA AND COPD*</b>		
Albuterol	1	(QL)(M)
<b>Anoro Ellipt Inhalation</b>	2	(QL)(M)
Arformoterol Neb	3	(QL)(M)
<b>Arnuity Elpt Inhalation</b>	2	(QL)(M)
<b>Asmanex</b>	2	(QL)(M)
<b>Breztri Inhalation Inhalation</b>	2	(QL)(M)(AGE)
Budesonide	2	(QL)(M)
<b>Combivent Inhalation</b>	2	(QL)(M)
Flutic/Salme	1	(PA)(QL)(M)
Flutic/Vilan Inhalation	1	(PA)(QL)(M)
Fluticas Hfa Inhalation	2	(QL)(M)
Ipratropium	1	(M)
Levalbuterol	1	(QL)(M)
Montelukast	1	(QL)(M)
<b>Serevent Dis Inhalation</b>	2	(M)
<b>Spiriva Handihaler</b>	2	(QL)(M)
<b>Stiolto Inhalation</b>	2	(QL)(M)
<b>Symbicort Inhalation</b>	1	(QL)(M)
<b>Trelegy Inhalation</b>	2	(QL)(M)(AGE)
<b>Ventolin Hfa Inhalation</b>	2	(QL)(M)
Wixela Inhub Inhalation	1	(QL)(M)
<b>BLOOD THINNERS</b>		
Anagrelide Capsule	2	(M)
Asa/Dipyrida Capsule	2	(M)
<b>Brilinta Tablet</b>	2	(QL)(M)
Clopidogrel Tablet	1	(QL)(M)
<b>Eliquis Tablet</b>	2	(QL)(M)
<b>Eliquis St P Tablet</b>	2	(QL)
Enoxaparin Injectable	2	
Prasugrel Tablet	1	(QL)(M)
Warfarin	1	(M)
<b>Xarelto</b>	2	(QL)(M)
<b>BURN PRODUCTS</b>		
Silver Sulfa Cream	1	
Ssd Cream	1	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	1	(M)
Dichlorophena Tablet	1	(PA)(QL)(M)(AGE)
<b>CARDIOVASCULAR*</b>		
Aliskiren Tablet	2	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Amilor/Hctz Tablet	1	(M)
Amiloride Tablet	1	(M)
Amiodarone Tablet	1	(M)
Amlod/Benazp Capsule	1	(M)
Amlod/Olmesa Tablet	1	(ST)(QL)(M)
Amlod/Valsar Tablet	1	(QL)(M)
Amlodipine Tablet	1	(M)
Atenol/Chlor Tablet	1	(M)
Atenolol Tablet	1	(QL)(M)
Benazep/Hctz Tablet	1	(M)
Benazepril Tablet	1	(M)
Bisoprl/Hctz Tablet	1	(M)
Bisoprol Fum Tablet	1	(M)
Bumetanide Tablet	1	(M)
Candesartan Tablet	1	(QL)(M)
Cartia Xt Capsule	1	(M)
Carvedilol Tablet	1	(M)
Chlorthalid Tablet	1	(M)
Clonidine	1	(ST)(QL)(M)
<b>Corlanor Tablet</b>	2	(ST)(QL)(M)
Digitek Tablet	1	(M)
Digoxin Tablet	1	(M)
Dilt-Xr Capsule	1	(M)
Diltiazem	1	(M)
Diltiazem Er Tablet	1	(M)
Dofetilide Capsule	1	(M)
Doxazosin Tablet	1	(QL)(M)
Enalapril Tablet	1	(M)
<b>Entresto Tablet</b>	2	(QL)(M)
Eplerenone Tablet	1	(M)
Ethacrynic Tablet	2	(PA)(QL)(M)
Flecainide Tablet	1	(M)
Fosinopril Tablet	1	(M)
Furosemide Tablet	1	(M)
Guanfacine Tablet	1	(M)
Hydralazine Tablet	1	(M)
Hydrochlorothiazide	1	(M)
Indapamide Tablet	1	(M)
Irbesar/Hctz Tablet	1	(QL)(M)
Irbesartan Tablet	1	(QL)(M)
Isosorb Din Tablet	1	(M)
Isosorb Mono Tablet	1	(M)
Labetalol Tablet	1	(M)
Lisinop/Hctz Tablet	1	(M)
Lisinopril Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
Losartan Pot Tablet	1	(QL)(M)
Losartan/Hct Tablet	1	(QL)(M)
Matzim La Tablet	1	(M)
Metolazone Tablet	1	(M)
Metoprl/Hctz Tablet	1	(M)
Metoprol Suc Tablet	1	(M)
Metoprolol	1	(M)
Midodrine Tablet	1	
Minoxidil Tablet	1	(M)
Nadolol Tablet	1	(M)
Nebivolol Tablet	1	(QL)(M)
Nifedipine Tablet	1	(M)
<b>Nitro-Bid Oin</b>	3	(M)
Nitroglyceri Sub	1	(M)
Nitroglycern Sub	1	(M)
Olm Med/Amlol Tablet	1	(ST)(QL)(M)
Olm Med/Hctz Tablet	1	(QL)(M)
Olmesa Medox Tablet	1	(QL)(M)
Pacerone Tablet	1	(M)
Prazosin Hcl Capsule	1	(M)
Propafenone	1	(M)
Propranolol	1	(M)
Qnapril/Hctz Tablet	1	(M)
Ramipril Capsule	1	(M)
Ranolazine Tablet	1	(ST)(QL)(M)
Sotalol Tablet	1	(M)
Sotalol Hcl Tablet	1	(M)
Spiro/Hctz Tablet	1	(M)
Spironolact Tablet	1	(M)
Telmisartan Tablet	1	(QL)(M)
Terazosin Capsule	1	(QL)(M)
Torseamide Tablet	1	(M)
Trandolapril Tablet	1	(M)
Triamt/Hctz	1	(M)
Triamterene Capsule	2	(M)
Valsart/Hctz Tablet	1	(QL)(M)
Valsartan Tablet	1	(QL)(M)
Verapamil	1	(M)
<b>Verelan Pm Capsule</b>	3	(M)
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	1	(QL)(AGE)(M)
Cholestyram Powder	2	(QL)(M)
Colesevelam Tablet	2	(QL)(M)
Colestipol	1	(QL)(M)
Ezetimibe Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Fenofibrate	1	(QL)(M)
Fluvastatin Capsule	1	(QL)(M)(AGE)
Gemfibrozil Tablet	1	(QL)(M)
Icosapent Capsule	2	(ST)(QL)(M)
Lovastatin Tablet	1	(QL)(M)(AGE)
Niacin Tablet	1	(QL)(M)
Niacin Er Tablet	1	(QL)(M)
Omega-3-Acid Capsule	1	(QL)(M)
Pitavastatin Tablet	1	(ST)(QL)(M)
Pravastatin	1	(QL)(M)(AGE)
Prevalite Powder	2	(QL)(M)
<b>Repatha Push Injectable</b>	2	(PA)(QL)(M)
<b>Repatha Sure Injectable</b>	2	(PA)(QL)(M)
Rosuvastatin Tablet	1	(QL)(AGE)(M)
Simvastatin Tablet	1	(QL)(AGE)(M)
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
Olanza/Fluox Capsule	1	(M)
<b>CONTRACEPTION (BIRTH CONTROL)</b>		
<b>Brand Contraceptives</b>	3	(M)
Generic Contraceptives	1	(M)
Medroxyprogesterone	1	(QL)(M)
<b>Phexxi Gel</b>	3	(M)
<b>CONTRACEPTIVES</b>		
<b>Caya Dpr</b>	3	(M)
<b>Durex Mis</b>	3	(M)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
Benzonatate	1	(ST)(QL)
Bpm-Pse-Dm Syrup	1	(QL)
Brom/Pse/Dm Syrup	1	(QL)
Bromfed Dm Solution	1	(QL)
Cetirizine Solution	1	(QL)
Cyproheptad	1	(QL)
Desloratadin Tablet	1	(PA)(QL)
Diphenhydram Elx	1	(QL)
Hydrocod/Hom Syrup	1	
Hydromet Syrup	1	
Levocetirizi	1	
Prometh Vc/ Syrup	1	
Prometh/Cod	1	
Prometh/Pe/ Syrup	1	
Promethazine	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
Cyclopentol Solution	1	
Cyclopentola Solution	1	
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Orkambi Gra</b>	4	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
<b>Pulmozyme Solution</b>	4	(QL)(M)
<b>Trikafta</b>	4	(PA)(QL)(AGE)(M)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	1	
Periogard Solution	1	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
Calcipotrien Oin	2	
Fluorouracil Cream	1	(PA)(QL)
Mupirocin Oin	1	
<b>Tolak Cream</b>	3	(QL)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Ala-Cort Cream	1	
Alclometason Oin	1	
Beta Diprop	1	
Betameth Dip	1	
Betameth Val Inhalation	1	
Clobetasol	1	(QL)
Desonide	1	
Desoximetas	1	
Fluocin Acet Oil	1	
Fluocinonide	1	
Fluticasone	1	(QL)(M)
Halobetasol Oin	1	
Hc Valerate Oin	1	
Hydrocort	1	(M)
Mometasone	1	
Prednicarbat Oin	1	
Triamcinolon	1	
Triderm Cream	2	
<b>DIABETES - INSULIN*</b>		
<b>Fiasp Injectable</b>	2	(M)
<b>Fiasp Flex Injectable</b>	2	(M)
<b>Humulin R U-500</b>	2	(PA)(QL)(M)
Insulin Aspa Injectable	1	(M)
<b>Insulin Glar</b>	2	(M)
<b>Lantus Injectable</b>	2	(M)
<b>Lantus Solos Injectable</b>	2	(M)
Novolin Injectable	1	(M)
<b>Novolog Injectable</b>	2	(M)
<b>Toujeo Max Injectable</b>	2	(M)
<b>Toujeo Solo Injectable</b>	2	(M)
<b>DIABETES - NON-INSULIN*</b>		
Alogliptin Tablet	1	(QL)(M)
<b>Baqsimi One Powder</b>	2	
<b>Baqsimi Two Powder</b>	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Bydureon Bc Injectable</b>	2	(PA)(QL)(M)
Diazoxide Suspension	3	(M)
<b>Farxiga Tablet</b>	2	(QL)(M)
Glimepiride Tablet	1	(M)
Glip/Metform Tablet	1	(M)
Glipizide	1	(M)
Glucagon Kit	1	
Glyburide Tablet	1	(M)
<b>Jardiance Tablet</b>	2	(QL)(M)
Metformin Tablet	1	(M)
Miglitol Tablet	1	(M)
<b>Mounjaro Injectable</b>	2	(PA)(QL)(M)
Nateglinide Tablet	1	(M)
Pioglit/Met Tablet	1	(QL)(M)
Pioglitazone Tablet	1	(QL)(M)
<b>Qtern Tablet</b>	3	(PA)(QL)
Repaglinide Tablet	1	(M)
<b>Soliqua Injectable</b>	2	(ST)(QL)(M)
<b>Steglatro Tablet</b>	3	(ST)(QL)(M)
<b>Synjardy Tablet</b>	2	(QL)(M)
<b>Synjardy Xr Tablet</b>	2	(QL)(M)
<b>Tradjenta Tablet</b>	2	(QL)(M)
<b>Trijardy Xr Tablet</b>	2	(QL)(M)
<b>Trulicity Injectable</b>	2	(PA)(QL)(M)
<b>Xigduo Xr Tablet</b>	2	(QL)(M)
<b>DIABETES - TESTING AND SUPPLIES</b>		
<b>1/2MI Tb Syr Mis</b>	3	(M)
<b>10MI Control Mis</b>	3	(M)
<b>10MI Ctr Syr Mis</b>	3	(M)
<b>10MI Syringe Mis</b>	3	(M)
<b>12MI Syringe Mis</b>	3	(M)
<b>1MI Allr Syr Mis</b>	3	(M)
<b>1MI Slip Tip Mis</b>	3	(M)
<b>1MI Syringe Mis</b>	3	(M)
<b>1MI Tb Syrng Mis</b>	3	(M)
<b>20MI Control Mis</b>	3	(M)
<b>20MI Syringe Mis</b>	3	(M)
<b>2MI Tb Syrng Mis</b>	3	(M)
<b>3MI Syringe Mis</b>	3	(M)
<b>30MI Syringe Mis</b>	3	(M)
<b>3MI Ctrl Syr Mis</b>	3	(M)
<b>3MI LI Syrng Mis</b>	3	(M)
<b>3MI Luer Loc Mis</b>	3	(M)
3MI Syringe Mis	1	(M)
<b>50MI Syringe Mis</b>	3	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>5MI Control Mis</b>	3	(M)
<b>5MI Ctrl Syr Mis</b>	3	(M)
<b>Accu-Chek Tes</b>	3	(PA)(QL)(M)
<b>Accutrend Tes</b>	3	(PA)(QL)(M)
<b>Admix Needle Mis</b>	3	(M)
<b>Advance Tes</b>	3	(PA)(QL)(M)
<b>Advocate Tes</b>	3	(PA)(QL)(M)
<b>Agamatrix Tes</b>	3	(PA)(QL)(M)
<b>Allergy Syrg Mis</b>	3	(M)
Anesth Needl Mis	1	(M)
<b>Arterial Ndl Mis</b>	3	(M)
<b>Assure Tes</b>	3	(PA)(QL)(M)
<b>Assure 3 Tes</b>	3	(PA)(QL)(M)
<b>Assure 4 Tes</b>	3	(PA)(QL)(M)
<b>Assure li Tes</b>	3	(PA)(QL)(M)
<b>Assure Prism Tes</b>	3	(PA)(QL)(M)
<b>Assure Pro Tes</b>	3	(PA)(QL)(M)
<b>Autocode Tes</b>	3	(PA)(QL)(M)
<b>Bd Eclipse Mis</b>	3	(M)
<b>Bd Hypo Need Mis</b>	3	(M)
<b>Bd Integra Mis</b>	3	(M)
<b>Bd Needle Mis</b>	3	(M)
<b>Bd Needles Mis</b>	3	(M)
<b>Bd Plastipak Mis</b>	3	(M)
<b>Bd Yale Lnr Mis</b>	3	(M)
<b>Biotel Care Tes</b>	3	(PA)(QL)(M)
Blood Glucos Tes	1	(PA)(QL)(M)
<b>Blulink Tes</b>	3	(PA)(QL)(M)
<b>Blunt Cannul Mis</b>	3	(M)
<b>Carepoint Sy Mis</b>	3	(M)
<b>Carepoint Tu Mis</b>	3	(M)
<b>Caresens N Tes</b>	3	(PA)(QL)(M)
<b>Caretouch Mis</b>	3	(PA)(QL)(M)
<b>Clever Chek Tes</b>	3	(PA)(QL)(M)
<b>Clever Choic Tes</b>	3	(PA)(QL)(M)
<b>Clevr Choice Tes</b>	3	(PA)(QL)(M)
<b>Confirm/Micr Tes</b>	3	(PA)(QL)(M)
<b>Contour Tes</b>	3	(PA)(QL)(M)
<b>Cool Blood Tes</b>	3	(PA)(QL)(M)
<b>Crono Syr Mis</b>	3	(M)
<b>Cvs Advanced Tes</b>	3	(PA)(QL)(M)
<b>Cvs Glucose Tes</b>	3	(PA)(QL)(M)
<b>D-Care Blood Tes</b>	3	(PA)(QL)(M)
<b>Dexcom G6 Mis</b>	2	(ST)(QL)(M)(AGE)
<b>Dexcom G7 Mis</b>	2	(ST)(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Diathrive Mis	3	(PA)(QL)(M)
Diathrive+ Mis	3	(PA)(QL)(M)
Diatrue Plus Tes	3	(PA)(QL)(M)
Duo-Care Tes	3	(PA)(QL)(M)
Easy Plus li Tes	3	(PA)(QL)(M)
Easy Step Tes	3	(PA)(QL)(M)
Easy Talk Tes	3	(PA)(QL)(M)
Easy Touch Tes	3	(PA)(QL)(M)
Easy Trak Tes	3	(PA)(QL)(M)
Easy Trak li Tes	3	(PA)(QL)(M)
Easygluco Tes	3	(PA)(QL)(M)
Easymax Tes	3	(PA)(QL)(M)
Easymax 15 Tes	3	(PA)(QL)(M)
Easypoint Mis	3	(M)
Easypro Tes	3	(PA)(QL)(M)
Easypro Plus Tes	3	(PA)(QL)(M)
Element Tes	3	(PA)(QL)(M)
Elemnt Compa Tes	3	(PA)(QL)(M)
Embrace Tes	3	(PA)(QL)(M)
Embrace Evo Tes	3	(PA)(QL)(M)
Embrace Pro Tes	3	(PA)(QL)(M)
Embrace Talk Tes	3	(PA)(QL)(M)
Embrace Wave Tes	3	(PA)(QL)(M)
Enlite Gluco Mis	3	(PA)(QL)(M)
Epidur Needl Mis	1	(M)
Evolution Tes	3	(PA)(QL)(M)
Fifty50 Gluc Tes	3	(PA)(QL)(M)
Fill Needle Mis	3	(M)
Filter Needl Mis	3	(M)
Fora 6 Mis	3	(PA)(QL)(M)
Fora 6Con Tes	3	(PA)(QL)(M)
Fora Advance Tes	3	(PA)(QL)(M)
Fora Blood Tes	3	(PA)(QL)(M)
Fora D15g Tes	3	(PA)(QL)(M)
Fora D20 Tes	3	(PA)(QL)(M)
Fora D40/G31 Tes	3	(PA)(QL)(M)
Fora G20 Tes	3	(PA)(QL)(M)
Fora G30/V10 Tes	3	(PA)(QL)(M)
Fora Gd20 Tes	3	(PA)(QL)(M)
Fora Gd50 Tes	3	(PA)(QL)(M)
Fora Gtel Tes	3	(PA)(QL)(M)
Fora Tn'g Tes	3	(PA)(QL)(M)
Fora V10 Tes	3	(PA)(QL)(M)
Fora V12 Tes	3	(PA)(QL)(M)
Fora V20 Tes	3	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Fora V30a Tes	3	(PA)(QL)(M)
Foracare Tes	3	(PA)(QL)(M)
Fortiscare Tes	3	(PA)(QL)(M)
Freesty Libr	2	(ST)(QL)(M)(AGE)
Freestyle	2	(ST)(QL)(AGE)(M)
Ge100 Blood Tes	3	(PA)(QL)(M)
Genultimate Tes	3	(PA)(QL)(M)
Ght Test Tes	3	(PA)(QL)(M)
Gluco Perfec Tes	3	(PA)(QL)(M)
Glucocard Tes	3	(PA)(QL)(M)
Glucocard 01 Tes	3	(PA)(QL)(M)
Glucocom Tes	3	(PA)(QL)(M)
Gluconavii Tes	3	(PA)(QL)(M)
Glucose Tes	3	(PA)(QL)(M)
Gnp Tru Metr Tes	3	(PA)(QL)(M)
Gnp Truetrac Tes	3	(PA)(QL)(M)
Gojji Blood Tes	3	(PA)(QL)(M)
Gojji Strips Mis	3	(PA)(QL)(M)
Guardian Mis	3	(PA)(QL)(M)(AGE)
Guardian 4 Mis	3	(PA)(QL)(M)(AGE)
Guardian Con Mis	3	(PA)(QL)(M)(AGE)
Guardian Rt Mis	3	(PA)(QL)(M)(AGE)
Hw Embrace Tes	3	(PA)(QL)(M)
Hypo Needle Mis	1	(M)
Iglucose Tes	3	(PA)(QL)(M)
In Touch Tes	3	(PA)(QL)(M)
Infinity Tes	3	(PA)(QL)(M)
Infus Syring Mis	3	(M)
Insulin Syringes	1	(M)
Kroger Blood Tes	3	(PA)(QL)(M)
Lancets	1	(M)
Liberty Tes	3	(PA)(QL)(M)
Liberty Next Tes	3	(PA)(QL)(M)
LI Syringe Mis	3	(M)
Meijer Tes	3	(PA)(QL)(M)
Meijer Blood Tes	3	(PA)(QL)(M)
Microdot Tes	3	(PA)(QL)(M)
Minilink Rt Mis	3	(PA)(QL)(M)(AGE)
Minimed 630G Mis	3	(PA)(QL)(M)(AGE)
Myglucohealt Tes	3	(PA)(QL)(M)
Needles Mis	3	(M)
Neutek 2Tek Tes	3	(PA)(QL)(M)
No Coding Tes	3	(PA)(QL)(M)
Nova Max Tes	3	(PA)(QL)(M)
Omnipod 5 G6	2	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Omnipod Dash	2	(PA)(QL)(M)
On Call Tes	3	(PA)(QL)(M)
One Drop Tes	3	(PA)(QL)(M)
Onetouch Tes	3	(PA)(QL)(M)
Optiumez Tes	3	(PA)(QL)(M)
Paradigm Rea Mis	3	(PA)(QL)(M)(AGE)
Pen Needles	3	(QL)(M)
Pip Blood Tes	3	(PA)(QL)(M)
Pocketchem Tes	3	(PA)(QL)(M)
Poly Hub Mis	3	(M)
Precision Tes	2	(QL)(M)
Premium Bloo Mis	3	(PA)(QL)(M)
Pro Voice Tes	3	(PA)(QL)(M)
Prodigy No Tes	3	(PA)(QL)(M)
Pts Panels Tes	3	(PA)(QL)(M)
Quicktek Tes	3	(PA)(QL)(M)
Quintet Tes	3	(PA)(QL)(M)
Quintet Ac Tes	3	(PA)(QL)(M)
Ra Blood Tes	3	(PA)(QL)(M)
Refuah Plus Tes	3	(PA)(QL)(M)
Relion Tes	3	(PA)(QL)(M)
Relion Premi Tes	3	(PA)(QL)(M)
Relion Prime Tes	3	(PA)(QL)(M)
Relion True Tes	3	(PA)(QL)(M)
Rightest Tes	3	(PA)(QL)(M)
Safetyglide Mis	3	(M)
Safty Needle Mis	3	(M)
Securesafe Mis	3	(M)
Smart Sense Tes	3	(PA)(QL)(M)
Smartest Tes	3	(PA)(QL)(M)
Solus V2 Tes	3	(PA)(QL)(M)
Spinal Needl Mis	1	(M)
Supreme Tes	3	(PA)(QL)(M)
Sympath Ndl Mis	1	(M)
Syrg/Ndl 3MI Mis	3	(M)
Syringe Mis	1	(M)
Tb Syringe Mis	3	(M)
Tb Syrng 1MI Mis	3	(M)
Tru Metrix Tes	3	(PA)(QL)(M)
True Focus Mis	3	(PA)(QL)(M)
True Metrix Tes	3	(PA)(QL)(M)
Truetest Tes	3	(PA)(QL)(M)
Truetrack Tes	3	(PA)(QL)(M)
Unistrip1 Tes	3	(PA)(QL)(M)
Vent Needle Mis	3	(M)

Drug Name	Drug Tier	Requirements & Limits
Verasens Tes	3	(PA)(QL)(M)
Vivaguard Tes	3	(PA)(QL)(M)
Yale Needles Mis	3	(M)
Yale Tb Syrn Mis	3	(M)
<b>DIHYDROINDOLONES</b>		
Molindone Tablet	1	(QL)(M)
<b>FLUORIDE</b>		
Fluoride	1	(QL)(M)(AGE)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Ursodiol	1	(M)
<b>GASTROINTESTINAL (DIGESTIVE) MISC. GASTROINTESTINAL</b>		
Diphen/Atrop	1	
Lubiprostone Capsule	2	(QL)(M)(AGE)
Metoclopram Tablet	1	
Xifaxan Tablet	3	(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp; VOMITING</b>		
Antivert Tablet	3	
Emend Suspension	3	(QL)
Granisetron Tablet	2	(QL)
Meclizine Tablet	1	
Ondansetron	1	(QL)
Trimethobenz Capsule	1	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Famotidine	1	(AGE)(M)
Misoprostol Tablet	1	(M)
Sucralfate	2	(M)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Esomeprazole	1	(QL)(M)
Lansoprazole	1	(ST)(QL)(AGE)(M)
Omeprazole Capsule	1	(QL)(M)
Pantoprazole Tablet	1	(QL)(M)
Rabeprazole Tablet	1	(QL)(M)
Ranitidine Syrup	1	(M)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod Con	2	(M)
<b>GENITOURINARY IRRIGANTS</b>		
Argyl Saline Solution	1	
Curity Salin Solution	1	
Renacidin Solution	3	
Sodium Chlor	1	
<b>GOUT</b>		
Allopurinol Tablet	1	(M)
Colchicine Tablet	1	(QL)
Febuxostat Tablet	1	(QL)(M)
<b>GOUT AGENT COMBINATIONS</b>		
Proben/Colch Tablet	1	(M)



Drug Name	Drug Tier	Requirements & Limits
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	1	(M)
<b>HEPATITIS THERAPIES</b>		
Entecavir Tablet	1	(QL)(M)
<b>Harvoni Packet</b>	3	(PA)(QL)(M)
<b>Mavyret Tablet</b>	3	(PA)(QL)(M)
<b>Pegasys Injectable</b>	4	(PA)(QL)(M)
Ribasphere Tablet	1	(QL)
Ribavirin Tablet	1	(QL)
<b>HORMONE RECEPTOR MODULATORS</b>		
Raloxifene Tablet	1	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
Amabelz Tablet	1	(QL)(M)
Covaryx Tablet	1	(QL)(M)
Covaryx Hs Tablet	1	(QL)(M)
<b>Delestrogen Injectable</b>	3	
Dotti Dis	1	(QL)(M)
<b>Ec-Rx Proges Cream</b>	3	(QL)
Eemt Tablet	1	(QL)(M)
Eemt Hs Tablet	1	(QL)(M)
Est Estrogen Tablet	1	(QL)(M)
Estra/Noreth Tablet	1	(QL)(M)
Estrad Val Injectable	1	
Estradiol	1	(QL)(M)
Estrog/Mtest Tablet	1	(QL)(M)
<b>EstroGel Gel</b>	3	(QL)(M)
Lopreeza Tablet	1	(QL)(M)
Lyllana Dis	1	(QL)(M)
Mimvey Tablet	1	(QL)(M)
Mimvey Lo Tablet	1	(QL)(M)
Norethin Ace Tablet	1	(M)
<b>Premarin Tablet</b>	2	(QL)(M)
<b>Premarin Vag Cream</b>	3	(ST)(QL)(M)
Progesterone	1	(QL)(AGE)(M)
Yuvafem Tablet	2	(QL)(M)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable	1	(QL)(M)
Testost Cyp Injectable	1	(QL)(M)
Testost Enan Injectable	1	(QL)(M)
Testosterone	2	(QL)(M)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
<b>Adbry Injectable</b>	4	(PA)(QL)(M)
<b>Amjevita Injectable</b>	4	(PA)(QL)(M)
Calcitrene Oin	2	

Drug Name	Drug Tier	Requirements & Limits
Calcitriol	2	(ST)(QL)(M)
<b>Cosentyx</b>	4	(PA)(QL)(M)
<b>Hadlima Injectable</b>	4	(PA)(QL)(M)
<b>Rinvoq Tablet</b>	4	(PA)(QL)(M)
<b>Skyrizi Injectable</b>	4	(PA)(QL)(M)
<b>Stelara Injectable</b>	4	(PA)(QL)(M)
<b>Xolair Solution</b>	4	(PA)(QL)(M)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	1	
<b>IMMUNOSUPPRESSANTS</b>		
Azasan Tablet	1	(M)
Azathioprine Tablet	1	(M)
Cyclosporine	1	(PA)(QL)(M)
Everolimus Tablet	4	(QL)(M)
Gengraf	1	(M)
Mycophenolat Tablet	1	(M)
Mycophenolic Tablet	1	(QL)(M)
Sirolimus	4	(M)
Tacrolimus	1	(QL)(M)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Mesalamine Tablet	2	(QL)(M)
Sulfasalazin Tablet	1	(M)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	1	(QL)
<b>INTESTINAL ACIDIFIERS</b>		
Enulose Solution	1	
Generlac Solution	1	
Lactulose Solution	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
Salicylic Ac	1	
<b>LAXATIVE COMBINATIONS</b>		
<b>Clenpiq Solution</b>	2	
<b>LAXATIVES</b>		
Constulose Solution	1	
<b>Golytely Solution</b>	3	
<b>LEPROSTATICS</b>		
Dapsone Tablet	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Glydo Gel	1	
Lido/Prilocn Cream	1	
Lidocaine	1	
<b>MENTAL HEALTH</b>		
Amitriptylin Tablet	1	(M)
Amoxapine Tablet	1	(M)
Aripiprazole Tablet	1	(QL)(M)
Bupropion Tablet	1	(QL)(AGE)(M)

Drug Name	Drug Tier	Requirements & Limits
Bupropn Hcl Tablet	1	(QL)(M)
Citalopram	1	(QL)(M)
Desvenlafax Tablet	1	(QL)(M)
Donepezil Tablet	1	(ST)(M)
Doxepin Hcl Capsule	1	(M)
Duloxetine	1	(QL)(M)
Escitalopram Tablet	1	(QL)(M)
<b>Fanapt Packet</b>	4	(PA)(QL)(M)
Fluoxetine	1	(QL)(M)
Fluvoxamine	2	(ST)(QL)(M)
Galantamine Capsule	1	(M)
Haloperidol Tablet	1	(M)
Imipram Hcl Tablet	1	(M)
<b>Invega Hafye Injectable</b>	4	(QL)(M)
<b>Invega Sust Injectable</b>	4	(M)
<b>Invega Trinz Injectable</b>	4	(M)
Lithium Solution	1	(M)
Lithium Carb	1	(M)
Lurasidone Tablet	1	(QL)(M)
Memant Titra Packet	1	(QL)
Memantine	1	(QL)(M)
Memantine Hc Solution	1	(M)
Mirtazapine	1	(M)
Nortriptylin Capsule	1	(M)
Olanzapine	1	(QL)(M)
Paliperidone Tablet	1	(ST)(QL)(M)
Paroxetine Tablet	1	(QL)(M)
Quetiapine Er	1	(QL)(M)
Risperidone	1	(QL)(M)
Sertraline Tablet	1	(M)
<b>Tofranil Tablet</b>	3	(ST)(M)
Tranlycyprom Tablet	2	(M)
Trazodone Tablet	1	(QL)(M)
Venlafaxine	1	(QL)(M)
Vilazodone Tablet	1	(QL)(M)
Ziprasidone Capsule	1	(QL)(M)
<b>Zyprexa Relp Injectable</b>	4	(M)
<b>METABOLIC MODIFIERS</b>		
Javygtor Tablet	4	(PA)(QL)(M)
Levocarnitin Tablet	2	
<b>Pheburane Mis</b>	4	(PA)(QL)(M)
Sapropterin Tablet	4	(PA)(QL)(M)
<b>MIGRAINE</b>		
<b>Ajovy Injectable</b>	2	(ST)(QL)(M)
<b>Emgality Injectable</b>	3	(PA)(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Frovatriptan Tablet	1	(ST)(QL)
Naratriptan Tablet	1	(QL)(M)
<b>Nurtec Tablet</b>	2	(PA)(QL)
<b>Reyvow Tablet</b>	3	(PA)(QL)
Rizatriptan Tablet	1	(M)
Sumatriptan	2	(ST)(QL)(M)
<b>Ubrelvy Tablet</b>	2	(PA)(QL)
Zolmitriptan Tablet	1	(QL)
<b>MIGRAINE COMBINATIONS</b>		
Ergot/Caffen Tablet	1	(PA)(QL)
<b>MINERALOCORTICIODS</b>		
Fludrocort Tablet	1	(M)
<b>MISC. ANTIVIRALS</b>		
<b>Lagevrio Capsule</b>	4	(QL)(M)
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>Hypersal Neb</b>	3	
Nebusal Neb	1	
Pulmosal Neb	1	
Sod Chloride Neb	1	
<b>MISC. TOPICAL</b>		
<b>Drysol Solution</b>	3	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>Avonex</b>	4	(PA)(QL)(M)
Dalfampridin Tablet	1	(QL)(M)
Dimethyl Fum Capsule	1	(QL)(M)
<b>Extavia Injectable</b>	4	(PA)(QL)(M)
Glatiramer Injectable	4	(PA)(QL)(M)
Glatopa Injectable	4	(PA)(QL)(M)
<b>Zeposia Capsule</b>	4	(PA)(QL)(M)
<b>Zeposia 7Day Capsule</b>	4	(PA)(QL)(M)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	1	(M)
Carisoprodol Tablet	1	(QL)
Chlorzoxazon Tablet	1	
Cyclobenzaprine	1	
Metaxall Tablet	2	(ST)
Metaxalone Tablet	2	(ST)
Methocarbam Tablet	1	
Orphenadrine Tablet	1	
Tizanidine	1	(ST)(QL)
Vanadom Tablet	1	(QL)
<b>NASAL ALLERGY</b>		
<b>Azel/Flutic Spr</b>	2	(ST)(QL)
Azelastine	1	(QL)(M)
<b>Dymista Spr</b>	2	(QL)

Drug Name	Drug Tier	Requirements & Limits
Flunisolide Spr	1	(QL)
Olopatadine Spr	1	(ST)
<b>Xhance Mis</b>	3	(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet	4	(QL)(M)
Anastrozole Tablet	1	(QL)(M)
Bicalutamide Tablet	1	(QL)
Cyclophosph	1	
<b>Eligard Injectable</b>	4	(QL)(M)
Exemestane Tablet	1	(QL)(M)
<b>Hycamtin Capsule</b>	4	(QL)(M)
Hydroxyurea Capsule	1	
<b>Ibrance</b>	4	(PA)(QL)(M)
<b>Iclusig Tablet</b>	4	(PA)(QL)(M)
<b>Imbruvica Capsule</b>	4	(PA)(QL)(M)
<b>Inqovi Tablet</b>	4	(PA)(QL)(M)
<b>Jaypirca Tablet</b>	4	(PA)(QL)(M)
<b>Krazati Tablet</b>	4	(PA)(QL)(M)
Letrozole Tablet	1	(QL)(M)
Leucovor Ca Tablet	1	(QL)
<b>Leukeran Tablet</b>	3	
Leuprolide	1	(PA)(QL)(M)
<b>Lumakras Tablet</b>	4	(PA)(QL)(M)
<b>Lupron Depot Injectable</b>	4	(QL)(M)
<b>Lynparza Tablet</b>	4	(PA)(QL)(M)
<b>Lytgobi Tablet</b>	4	(PA)(QL)(M)
Melphalan Tablet	1	(QL)(M)
Mercaptopur Tablet	1	
Methotrexate	1	(M)
<b>Orserdu Tablet</b>	4	(PA)(QL)(M)
Pazopanib Tablet	1	(PA)(QL)(M)
<b>Pomalyst Capsule</b>	4	(PA)(QL)(M)
<b>Purixan Suspension</b>	4	(PA)(QL)(M)
<b>Sorafenib Tablet</b>	4	(PA)(QL)(M)
<b>Tabloid Tablet</b>	3	(QL)
Tamoxifen Tablet	1	(QL)(M)
<b>Tasigna Capsule</b>	4	(PA)(QL)(M)
<b>Tazverik Tablet</b>	4	(PA)(QL)(M)
<b>Thalomid Capsule</b>	4	(PA)(QL)(M)
<b>Verzenio Tablet</b>	4	(PA)(QL)(M)
<b>Xalkori Capsule</b>	4	(PA)(QL)(M)
<b>Zejula Tablet</b>	4	(PA)(QL)(M)
<b>Zelboraf Tablet</b>	4	(PA)(QL)(M)
<b>Zolinza Capsule</b>	4	(PA)(QL)(M)
<b>OPHTHALMIC STEROIDS</b>		
Dexameth Pho Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Difluprednat Emu	2	(QL)
Fluoromethol Suspension	1	
<b>Lotemax Sm Gel</b>	3	(QL)
Loteprednol Gel	2	(QL)
Neo/Poly/Dex Suspension	1	
Prednisolone	1	(QL)
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
Gentamicin Solution	1	
Polymyxin B/ Solution	1	
Sulfacet Sod Solution	1	
Tobramycin Solution	1	
Trifluridine Solution	2	
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
Brimonidine 0.15%	1	(M)
Combigan Solution	1	(QL)(M)
Dorzol/Timol Solution	1	(QL)(M)
Dorzolamide Solution	1	(M)
Epinastine Dro	1	
Flurbiprofen Solution	1	
Ketorolac	1	(QL)
Levobunolol Solution	1	(M)
Timolol Gel Solution	2	(M)
Timolol Mal Solution	1	(M)
Timolol Male Solution	1	(M)
<b>Upneeq Solution</b>	3	(PA)(QL)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
Bimatoprost Solution	2	(QL)(M)
Latanoprost Solution	1	(QL)(M)
<b>Lumigan Solution</b>	2	(QL)(M)
Travoprost Dro	2	(ST)(QL)(M)
<b>OPIOID ANTAGONISTS</b>		
Naltrexone Tablet	1	
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>	2	(QL)
Bupren/Nalox	1	(QL)
Buprenorphin Sub	1	(QL)
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	1	(QL)(M)
Calcitonin Spr	1	(M)
Ibandronate Tablet	1	(QL)(M)
Risedron Sod Tablet	1	(ST)(QL)(M)
Risedronate Tablet	1	(ST)(QL)(M)
<b>OTIC AGENTS - MISCELLANEOUS</b>		
Acetic Acid Solution	1	
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	2	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Cipro/Fluoc Dro	1	(ST)(QL)	Piroxicam Capsule	1	(M)
Neo/Poly/Hc Solution	1		Sulindac Tablet	1	
<b>OTIC STEROIDS</b>			Tolmetin Sod Tablet	1	
Hc/Acet Acid Solution	1		<b>PANCREATIC ENZYME</b>		
<b>PAIN MEDICATIONS - NARCOTICS</b>			<b>Creon Capsule</b>	2	(QL)(M)
Apap/Codeine Tablet	1	(QL)	<b>Pancreaze Capsule</b>	2	(QL)(M)
Ascomp/Cod Capsule	2	(QL)	<b>Pertzye Capsule</b>	2	(QL)(M)
Bac Tablet	1	(QL)	<b>Zenpep Capsule</b>	2	(QL)(M)
But/Apap/Caf	1	(QL)	<b>PARKINSON'S</b>		
But/Asa/Caf/ Capsule	2	(QL)	Amantadine	1	(QL)(M)
Butal/Apap Tablet	1	(QL)	Benztropine Tablet	1	(QL)(M)
Butalb/Aceta Tablet	1	(QL)	Bromocriptin Tablet	2	(QL)(M)
Endocet Tablet	1	(QL)	Carb/Levo Tablet	1	(QL)(M)
Fentanyl Powder	1	(PA)(QL)	Carb/Levo Er Tablet	1	(QL)(M)
Fentanyl Cit Tablet	1	(PA)(QL)	Pramipexole Tablet	1	(ST)(QL)(M)
Hydroco/Apap Tablet	1	(QL)	Rasagiline Tablet	1	(QL)(M)
Hydrocod/Ibu Tablet	1	(QL)	Ropinirole Tablet	1	(QL)(M)
Hydromorphon	1	(QL)	Selegiline Capsule	1	(QL)(M)
Meperidine Tablet	1	(QL)	Trihexyphen Tablet	1	(QL)(M)
Methadone	1	(QL)	<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
Methadose Tablet	1	(QL)	<b>Escavite Lq Dro</b>	3	(M)
Morphine Sul Tablet	1	(QL)	<b>Quflora Fe Dro</b>	3	(M)
Oxycodone Er	2	(ST)(QL)	<b>PHENOTHIAZINES</b>		
Oxy-Acetamin Tablet	1	(QL)	Fluphenazine Tablet	1	(M)
Oxycod-Apap Tablet	1	(QL)	Perphenazine Tablet	1	(M)
Oxycod/Aceta Solution	1	(QL)	Prochlorper Tablet	1	(M)
Oxycod/Apap Tablet	1	(QL)	<b>PHOSPHATE</b>		
Oxycodone	1	(QL)	Phospha 250 Tablet	1	
Oxymorphone Tablet	2	(ST)(QL)	Phospho-Trin Tablet	1	
Tramadol	1	(QL)	Phosphorous Tablet	1	
<b>PAIN MEDICATIONS NSAIDS</b>			Wes-Phos 250 Tablet	1	
Celecoxib Capsule	1	(QL)(M)	<b>PHOSPHATE BINDING AGENTS</b>		
Diclo/Misopr Tablet	2	(M)	Calc Acetate Tablet	1	(M)
Diclofenac 1%	1	(M)	Lanthanum Chw	4	(PA)(QL)
Diclofenac 3%	1	(M)	Sevelamer	4	(ST)(M)
Etodolac Tablet	1		<b>POSTERIOR PITUITARY HORMONES</b>		
Ibu Tablet	1	(M)	Desmopressin	1	(QL)(M)
Ibuprofen	1	(M)	<b>POTASSIUM</b>		
<b>Indocin Suspension</b>	3	(M)(AGE)	Potassium Chloride	1	(M)
Indomethacin Capsule	1	(M)	<b>POTASSIUM REMOVING RESINS</b>		
Meloxicam Tablet	1	(M)	Sod Poly Sul Powder	1	
Nabumetone Tablet	1	(M)	<b>PRENATAL VITAMINS</b>		
Naproxen Tablet	1	(M)	<b>Atabex Ec Tablet</b>	3	
Naproxen Sod Tablet	1	(M)	<b>Atabex Ob Tablet</b>	3	
Oxaprozin Tablet	1	(QL)(M)	<b>Co-Natal Fa Tablet</b>	3	
			Complete Nat Packet	1	

Drug Name	Drug Tier	Requirements & Limits
Dermacinrx Tablet	3	
Inatal Gt Tablet	3	
M-Natal Plus Tablet	3	
Mynatal Plus Tablet	3	
Mynatal-Z Tablet	3	
Natachew Chw	3	
Natalvit Tablet	3	
Natelle One Capsule	3	
Neonatal Tablet	3	
Neonatal Pls Tablet	3	
Neonatal/Dha Mis	3	
Nestabs Tablet	3	
Nexa Plus Capsule	3	
Niva-Plus Tablet	3	
O-Cal Fa Tablet	3	
Ob Complete Capsule	3	
Ob Complete/ Capsule	3	
Obstetrix Ec Tablet	3	
Obstetrx One Capsule	3	
One Vite Tablet	3	
Prenatal Tablet	1	
Prenatrix Tablet	3	
Prenatryl Tablet	3	
Prenatvite Tablet	3	
Select-Ob Chw	3	
Tricare Tablet	3	
Trinatal Rx Tablet	1	
Trinate Tablet	3	
Tristart Capsule	3	
Tristart Dha Capsule	3	
Tristart One Capsule	3	
Vinate li Tablet	1	
Vinate One Tablet	3	
Vitafol Chw	3	
Vitafol-Ob	3	
Vitathely Tablet	3	
Vol-Nate Tablet	3	
Wesnatal Dha Packet	3	
Westab Plus Tablet	3	
Westgel Dha Capsule	3	
<b>PROLACTIN INHIBITORS</b>		
Cabergoline Tablet	1	(QL)(M)
<b>PROSTAGLANDIN VASODILATORS</b>		
Epoprostenol Injectable	1	(PA)(QL)(M)
<b>PROSTATE</b>		
Alfuzosin Tablet	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Dutasteride Capsule	1	(QL)(M)
Finasteride	1	(QL)(M)
Silodosin Capsule	1	(ST)(QL)(M)
Tadalafil Tablet	2	(PA)(ST)(QL)(M)
Tamsulosin Capsule	1	(QL)(M)
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
Alyq Tablet	2	(PA)(QL)(M)
<b>Bosentan Tablet</b>	4	(PA)(QL)(M)
<b>Orenitram Tablet</b>	4	(PA)(QL)(M)
Sildenafil	4	(PA)(QL)(M)
<b>Tadliq Suspension</b>	4	(PA)(QL)(M)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
Leflunomide Tablet	1	(M)
<b>RECTAL COMBINATIONS</b>		
Hc Pramoxine Cream	1	
<b>RECTAL STEROIDS</b>		
Anucort-Hc Sup	1	
Anusol-Hc Sup	1	
Hemmorex-Hc Sup	1	
Hydrocort Ac Sup	1	
Hydrocortiso Cream	1	
Procto-Med Cream	1	
Procto-Pak Cream	1	
Proctosol Hc Cream	1	
Proctozone Cream	1	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
<b>Aerosol Spacer</b>	1	(QL)
<b>SALICYLATES</b>		
Aspirin	1	(QL)(M)(AGE)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
Malathion Lot	2	
Permethrin Cream	1	
<b>SEIZURE DISORDER</b>		
Carbamazepin	1	(QL)(M)
<b>Celontin Capsule</b>	3	(ST)(QL)(M)
Clobazam Tablet	1	(QL)(M)
Clonazepam Tablet	1	(QL)(M)
<b>Depakene Capsule</b>	3	(ST)(QL)(M)
<b>Dilantin Capsule</b>	3	(ST)(QL)(M)
Divalproex Er	1	(QL)(M)
Epitol Tablet	1	(QL)(M)
Ethosuximide Solution	1	(QL)(M)
Felbamate Tablet	1	(QL)(M)
Gabapentin	1	(QL)(M)
Lacosamide	1	(QL)(M)

Drug Name	Drug Tier	Requirements & Limits
Lamotrig Odt	1	(ST)(QL)(M)
Lamotrigine	1	(ST)(QL)(M)
Levetiraceta	1	(QL)(M)
Methsuximide Capsule	1	(QL)(M)
<b>Mysoline Tablet</b>	3	(ST)(QL)(M)
Oxcarbazepin	1	(QL)(M)
Phenobarb Tablet	1	(M)
Phenytek Capsule	1	(QL)(M)
Phenytoin Chw	1	(QL)(M)
Phenytoin Ex Capsule	1	(QL)(M)
Pregabalin Capsule	1	(QL)(M)
Primidone Tablet	1	(QL)(M)
Roweepra Tablet	1	(QL)(M)
Subvenite Tablet	1	(QL)(M)
<b>Tegretol-Xr Tablet</b>	3	(ST)(QL)(M)
<b>Topamax Spr Capsule</b>	3	(ST)(QL)(M)
Topiramate	1	(QL)(M)
Valproic Acd Capsule	1	(QL)(M)
Zonisamide Capsule	1	(QL)(M)
<b>SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM</b>		
Chor Gonadot Injectable	2	(PA)
<b>Hcg Injectable</b>	3	(PA)
<b>Novarel Injectable</b>	3	(PA)
<b>Pregnyl Injectable</b>	3	(PA)
<b>SMOKING CESSATION</b>		
<b>Apo-Varenicl Tablet</b>	3	(QL)(M)(AGE)
Cvs Nicotine	1	(QL)(M)(AGE)
Eq Nicotine	1	(QL)(M)(AGE)
Eql Nicotine	1	(QL)(M)(AGE)
Ft Nicotine Loz	1	(QL)(M)(AGE)
Gnp Nicotine	1	(QL)(M)(AGE)
Habitrol Dis	1	(QL)(M)(AGE)
Hm Nicotine	1	(QL)(M)(AGE)
Kls Quit2	1	(QL)(M)(AGE)
Kls Quit4	1	(QL)(M)(AGE)
Nicotine	1	(QL)(M)(AGE)
Nicotine Pol	1	(QL)(M)(AGE)
Nicotine Td Dis	1	(QL)(M)(AGE)
<b>Nicotrol Ns Spr</b>	3	(QL)(M)(AGE)
Qc Nicotine Dis	1	(QL)(M)(AGE)
Ra Nicotine	1	(QL)(M)(AGE)
Sm Nicotine	1	(QL)(M)(AGE)
Stop Smoking	1	(QL)(M)(AGE)
Thrive Gum	1	(QL)(M)(AGE)

Drug Name	Drug Tier	Requirements & Limits
Varenicline Tablet	1	(QL)(M)(AGE)
<b>SOMATOSTATIC AGENTS</b>		
Octreotide Injectable	2	(QL)
<b>SPERMICIDES</b>		
<b>Encare Sup</b>	3	(M)
<b>STEROIDS</b>		
Cortisone Tablet	1	
Dexamethason	1	
Methylpred Tablet	1	
Pred Sod Pho Solution	1	
Prednisone	1	(M)
<b>Solu-Cortef Injectable</b>	3	
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Amphet/Dextr	1	(QL)
Armodafinil Tablet	1	(QL)
Atomoxetine Capsule	1	(QL)(M)
Dexmethylphenidate Er	1	(QL)
Dextroamphet	1	(QL)
Lisdexamfeta Capsule	1	(QL)
Methylphenid	1	(QL)
Modafinil Tablet	1	(QL)
<b>THROAT PRODUCTS - MISC.</b>		
Pilocarpine Tablet	1	
<b>THYROID</b>		
<b>Adthyza Tablet</b>	3	(M)
<b>Armour Thyro Tablet</b>	3	(M)
<b>Euthyrox Tablet</b>	2	(QL)(M)
<b>Levo-T Tablet</b>	2	(QL)(M)
Levothyroxin	1	(QL)(M)
<b>Levoxyl Tablet</b>	2	(QL)(M)
Liothyronine Tablet	1	(M)
<b>Niva Thyroid Tablet</b>	3	(M)
<b>Np Thyroid Tablet</b>	3	(M)
Thyroid Tablet	1	(M)
<b>Unithroid Tablet</b>	2	(QL)(M)
<b>UNCATEGORIZED</b>		
<b>Fasenra Injectable</b>	4	(PA)(QL)(M)
<b>Ofev Capsule</b>	4	(PA)(QL)(M)
Pirfenidone Capsule	1	(PA)(QL)(M)
<b>Tezspire</b>	4	(PA)(QL)(M)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	1	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
Bethanechol Tablet	1	(M)
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
Flavoxate Tablet	1	(M)

Drug Name	Drug Tier	Requirements & Limits
<b>URINARY INCONTINENCE</b>		
Dicyclomine	1	(M)
Fesoterodine Tablet	2	(QL)(M)
<b>Glycate Tablet</b>	3	
Glycopyrrol Tablet	1	(M)
Glycopyrrola Solution	1	(ST)(QL)(M)
Hyoscyamine	1	(M)
Hyosyne	1	(M)
Oscimin	1	(M)
Oxybutynin	1	(QL)(M)
Solifenacin Tablet	1	(QL)(M)
Tolterodine	1	(QL)(M)
Tropium Cl Tablet	1	(QL)(M)
<b>VACCINES</b>		
<b>Abrysvo Injectable</b>	2	(QL)
<b>Adacel Injectable</b>	2	
<b>Afluria Quad Injectable</b>	2	(M)
<b>Arexvy Injectable</b>	2	(QL)(AGE)
<b>Bexsero Injectable</b>	2	
<b>Boostrix Injectable</b>	2	
<b>Comirnaty Injectable</b>	2	(QL)
<b>Fluad Injectable</b>	2	(M)
<b>Fluarix Quad Injectable</b>	2	(M)
<b>Flulaval Qua Injectable</b>	2	(M)
<b>Flumist Quad Suspension</b>	2	(M)(AGE)
<b>Fluzone Hd Injectable</b>	2	(M)
<b>Fluzone Quad Injectable</b>	2	(M)
<b>Gardasil 9 Injectable</b>	2	(AGE)
<b>Hepilisav-B Injectable</b>	2	(QL)
<b>Ipol Injectable</b>	2	(AGE)
<b>Janssen Vacc Injectable</b>	2	(QL)
<b>Kinrix Injectable</b>	2	(AGE)
<b>M-M-R Ii Injectable</b>	2	
<b>Menactra Injectable</b>	2	
<b>Menveo</b>	2	
<b>Moderna Injectable</b>	2	(QL)
<b>Moderna Vac Injectable</b>	2	(QL)
<b>Moderna Vacc Injectable</b>	2	(QL)(AGE)
<b>Novavax Injectable</b>	2	(QL)
<b>Novavax Vac Injectable</b>	2	(QL)
<b>Pediarix Injectable</b>	2	(AGE)
<b>Pentacel Injectable</b>	2	(AGE)
<b>Pfizer 5-11Y Injectable</b>	2	(QL)
<b>Pfizer 6M-4Y Injectable</b>	2	(QL)
<b>Pfizer Vacc Injectable</b>	2	(QL)(AGE)

Drug Name	Drug Tier	Requirements & Limits
<b>Prehevbrio Suspension</b>	2	
<b>Pprevnar 20 Injectable</b>	1	
<b>Proquad Injectable</b>	2	(AGE)
<b>Quadracel Injectable</b>	2	(AGE)
<b>Rotarix Suspension</b>	2	(AGE)
<b>Rotateq Solution</b>	2	(AGE)
<b>Shingrix Injectable</b>	2	(QL)(AGE)
<b>Spikevax Injectable</b>	2	(QL)
<b>Tdvax Injectable</b>	2	
Tet/Dip Tox Injectable	1	
<b>Twinrix Injectable</b>	2	
<b>Varivax Injectable</b>	2	
<b>VITAMINS/ELECTROLYTES</b>		
Adc/Fluoride Dro	1	(M)
Cyanocobalam	1	(M)
Dodex Injectable	1	(M)
Fe-Vite Iron Solution	1	(QL)(AGE)
Ferrous Sul Solution	1	(QL)(AGE)
Ferrous Sulf	1	(QL)(AGE)
Folate Tablet	1	(M)
Folic Acid Tablet	1	(M)
Iron Drops Dro	1	(QL)(AGE)
Iron Inf-Tod Dro	1	(QL)(AGE)
Iron Inf/Tod Dro	1	(QL)(AGE)
Iron Supplmt Dro	1	(QL)(AGE)
Iron Suppmnt Solution	1	(QL)(AGE)
K Citrate Solution	1	
Multi-Vit/FI	1	(M)
Pedia Iron Dro	1	(QL)(AGE)
Pediatric Dro	1	(QL)(AGE)
Phytonadione Injectable	1	(QL)
<b>Poly-Vi-Flor Suspension</b>	3	(M)
Pot Citra Er Tablet	1	
Sm Folic Acd Tablet	1	(M)
Sod Citrate Solution	1	
Tri-Vit/Fluo Dro	1	(M)
Vit A/C/D/FI Dro	1	(M)
Vitamin D	1	(M)
Vitamin K1 Injectable	1	(QL)
YI Folic Aci Tablet	1	(M)